

N-07 Alzheimer's Disease and Dementia

Purpose: To create an understanding of, and communication with, residents with dementia and Alzheimer's Disease.

Dementia is a group of symptoms, not a disease. It develops when the parts of the brain that deal with learning, memory, decision-making, and language are affected by infections or disease. Symptoms can include changes in personality, mood, and behavior. Some dementias can be treated and cured. Alzheimer's Disease is the most common, causing 60% of dementias, and is incurable.

Stages of Alzheimer's Disease; *every person is different!*

- Early confusion
- Confusion
- Stage 1: early dementia
- Stage 2: middle dementia
- Stage 3: late dementia

Early confusion stage has forgetful symptoms; names are remembered but where objects have been placed is forgotten; person may lose track of what was about to be said, due to poor concentration; and former activities are continued.

Confusion stage has an obvious thinking deficit; denial is the main response; making decisions is extremely difficult; immediate memory (past few minutes) and short-term memory (past week) are impaired; long-term memory (50 years) is clear and accurate; help is needed with finances, driving, organization, and meal planning; and person becomes more self-absorbed and insensitive to the feelings of others.

Early dementia stage involves dependency on others for care, able to perform part of their daily routine with help; denies dementia and attempts to cover-up inabilities; fills in information gaps created by memory loss; insecurity, suspicion, paranoia, anger, and agitation may develop; judgment and reasoning deteriorate; mood changes and memory fluctuates; sequence of behaviors and tasks is seriously impaired, such as putting on underwear before clothing; withdraws from tasks and social activities; and the person knows something is wrong and can't fix the problem.

Middle dementia stage is when denial of dementia does not work; withdrawal is replaced by anger, paranoia, delusions, and possibly violence; sleep is disrupted and erratic, and night wandering may occur; compulsive behavior such as pulling clothes out of drawers and replacing them over and over may occur; movement and coordination problems become obvious; weight loss or excessive eating may be a problem; most daily activities require assistance; problems that are harmful to self or others may need to be treated with medications; fear of bathing and lack of concern for personal hygiene develops; as the stage progresses, the person is unaware of time, place, and their surroundings; cannot identify people, or tell you about pain and cold; and the world has become a frightening place.

Late dementia stage motor abilities continue to deteriorate; abilities to walk, sit, smile, and control bladder and bowel are lost; eventually the abilities to chew and swallow are lost; person is vulnerable to seizures, aspiration, pneumonia, and infection; respiratory problems develop due to decreased activity when bedridden.

When communicating with a resident who has Alzheimer's, it is undesirable to repeatedly correct or remind them about details of past events, or to correct them if the resident thinks you are someone else, or to repeatedly encourage them to participate in activities that they did in the past, or to continually remind them of the date, year, and world events, or to orient them to the sequence of past events, like death. If the resident repeats stories over and over, act as if you are hearing them for the first time. Speak to them as an adult, not in a condescending manner.

Strategies to use when caring for residents who have dementia:

1. Approach slowly from the front and gently get the resident's attention.
2. Communicate on eye level with the resident.
3. Use light touch on the upper arm or hand, if resident allows.
4. Smile and be friendly.
5. Speak calmly and reassuringly and don't raise your voice tone.
6. Identify yourself and the resident.
7. First set a positive social tone with small, light talk.
8. Learn as much as you can about the resident.
9. Create successes in ADLs and activities by using good communication.
10. Use simple words and short sentences, with one thought at a time.
11. Demonstrate your words with gestures, such as *Brush your teeth* while making the motion.
12. Use humor.
13. Learn the residents' triggers.
14. Avoid rushing the resident and watch for signs of escalation.
15. Plan ahead and anticipate to avoid problems.
16. Balance stimulation with quiet time.
17. Be aware of what the resident is watching on television.
18. Make efforts to assure that the resident does not feel embarrassed.
19. Avoid quizzing the resident or asking questions that require an explanation.
20. Validate their world by joining their fantasies.
21. Never lie!
22. Let the residents know that you are trying to understand how they feel.
23. Smile and acknowledge the residents, even when just passing by.
24. Be polite and say *please* and *thank you* frequently.

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